

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # 10/5/8239

| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|----------|
| <input checked="" type="checkbox"/>   | Filing                            |                |              | \$ 100   |
| <input type="checkbox"/>              | Amendment                         |                |              | \$       |
| <input type="checkbox"/>              | Extension of Time                 |                |              | \$       |
| <input type="checkbox"/>              | Notice of Appeal/Appeal           |                |              | \$       |
| <input type="checkbox"/>              | Petition                          |                |              | \$       |
| <input type="checkbox"/>              | Issue                             |                |              | \$       |
| <input type="checkbox"/>              | Cert of Correction/Terminal Disc. |                |              | \$       |
| <input type="checkbox"/>              | Maintenance                       |                |              | \$       |
| <input type="checkbox"/>              | Assignment                        |                |              | \$       |
| <input type="checkbox"/>              | Other                             |                |              | \$       |

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9   --

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

*Refunded to Credit Card*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Andersen

TITLE: Paralegal Specialist

SIGNATURE: *John Andersen*

PHONE: 308-9140 x 211

OFFICE: PCT-DO/EO

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*